

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)		Docket Number (Optional) 59472-8818.US	
Application Number 10/045,625-Conf. #1053		Filed November 7, 2001	
For METHOD AND SYSTEM FOR INTEGRATING PACKET TYPE INFORMATION WITH SYNCHRONIZATION SYMBOLS			
Art Unit 2416		Examiner Steven H.D. Nguyen	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$130	\$65 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$490	\$245 \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1110	\$555 \$ <u>1110.00</u>
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1730	\$865 \$ _____
<input type="checkbox"/>		\$2350	\$1175 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2207</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,050</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
<u>R. Michael Ananian</u> Signature		<u>December 11, 2009</u> Date	
<u>R. Michael Ananian</u> Typed or printed name		<u>(650) 838-4300</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> Form is submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 11, 2009

Signature: _____

(Joe Clark)